

EXHIBIT "A"



TR 9721 REV. 2/85

**POST-RETIREMENT COMPANY-PAID SURVIVOR BENEFITS
AND SPOUSE BENEFIT OPTION
SECTION VI OF THE PENSION AND RETIREMENT PLAN
(EFFECTIVE UPON RETIREMENT)**

**EMPLOYEE INFORMATION**

Name	Ronald	J.	Smith	Soc. Sec. No.	162-32-2893	
First		Middle	Last			
Birth Date	07-26-43	Month/Day/Year	A.S.D.	06-27-66	Month/Day/Year	
Department & Site	Engr	Louvrs	Roll:	<input checked="" type="checkbox"/> Ex. Sal.	<input type="checkbox"/> Nonex. Sal.	<input type="checkbox"/> Wage
Code	8.5		Dept.	1080	Site	
Marital Status:	<input checked="" type="checkbox"/> Married		<input type="checkbox"/> Single			

The following election revokes and supersedes any and all previous elections. Check only one of the boxes below.

I hereby name my spouse, shown below, for the spouse benefit option and the following designated beneficiary(ies) for the Company-paid survivor benefit. I understand that my pension as provided in the Pension and Retirement Plan will be reduced to provide for the spouse benefit option. (Complete spouse information and check the appropriate letter.)

Charlotte D. Smith 235-90-9312

06-27-54

SOC. SEC. NO.

DATE OF BIRTH (SUBMIT PROOF WITH THIS FORM)

(a) Spouse (b) Spouse and all minor children (c) Spouse and minor children as specified (below)

NOTE: IF YOU ARE MARRIED AND CHECK THE FOLLOWING BOX, A VALID POST-RETIREMENT SPOUSE WAIVER MUST BE ON FILE OR THE WAIVER CLAUSE AS SHOWN BELOW MUST BE COMPLETED. (FOR RETIREMENTS PRIOR TO JANUARY 1, 1985, A SPOUSE WAIVER IS NOT REQUIRED.)

I hereby decline the spouse benefit option and specify the person(s) named below as beneficiary(ies) to receive Company-paid survivor benefits as provided in the Pension and Retirement Plan. (Check the appropriate letter.)

(a) Spouse (b) Spouse and all minor children (c) Spouse and minor children as specified

(d) Specified minor children (e) Parent or stepparent

SPECIFICATION OF BENEFICIARIES

Use full name. Using maiden name as middle name facilitates identification. Name of female spouse should be written "Mary Smith Jones" not "Mary Helen Jones." Never "Mrs. Henry A. Jones" or "Mrs. H. A. Jones." Proof of date(s) of birth will be required by the Company when application is made for survivor payment.

Charlotte D. Smith	Spouse	235-90-9312	06-27-54
Name	Relationship	Soc. Sec. No.	Date of Birth
Name	Relationship	Soc. Sec. No.	Date of Birth
Name	Relationship	Soc. Sec. No.	Date of Birth
Name	Relationship	Soc. Sec. No.	Date of Birth
Name	Relationship	Soc. Sec. No.	Date of Birth

Doris O. White

Witness to Employee's Signature

BMP:z

Number Street

City State Zip Code

Authorized Signature For E. I. du Pont de Nemours & Company

Date 11/12/94

Ronald Smith

Employee's Signature

WAIVER (If waiver completed, only original copy must be notarized.)

I, _____, the participant's spouse, hereby acknowledge that I have read the notification on the reverse side regarding post-retirement survivor benefits under the DuPont Pension and Retirement Plan and consent to waive my right to receive such benefits as the participant's spouse under the Retirement Equity Act. I also understand that my spouse has authority to specify a beneficiary without my knowledge or consent and that I will not receive any benefits under the Plan unless specified as a beneficiary by my spouse.

State of _____ County of _____

Signed and attested before me on

day of _____, 19_____

Signature of Spouse

Notarial Officer Title and Rank

Signature of Notarial Officer

My commission expires _____

(Affix Seal, if any)